

Chapter 3

Utilization

Background

The VA, like other health care systems, continues to move towards an outpatient-based model of service delivery. In response to the move away from inpatient care, the Veterans Eligibility Reform Act of 1996 (Public Law 104-262) was passed, requiring the Under Secretary for Health, Department of Veterans Affairs, to receive annual reports on the VHA's capacity to effectively meet the treatment and rehabilitation needs of severely chronically mentally ill veterans. The First Annual Report submitted by the Committee on Care of Severely Chronically Mentally Ill Veterans Affairs "stresses the need to ensure that adequate community based programs are made available for the severely chronically mentally ill veteran" (Committee on Care of Severely Chronically Mentally Ill Veterans, 1997).

Research suggests that cost-efficient care for patients with long-term disability requires an optimal mix of acute care, extended care, residential services, and outpatient clinical services (Rothbard, Kuno, Schinnar, Hadley, & Turk, 1999). The VA has sought to integrate service provision. The goal of coordinated care is that interventions are provided "when they will have their greatest effectiveness and in a way that promotes efficiency" (Kizer, 1996). To inform the VA on the current ability of the system to provide this array of services, we report specific utilization data for a wide range of 24 hour institutional services (hospital based medical and psychiatric care, residential rehabilitation, domiciliary and nursing home care), as well as a variety of outpatient care settings (general psychiatry, psychiatric case management and day treatment, substance abuse and PTSD and psychiatric vocational rehabilitation).

Reflecting increased concerns regarding medical care for VA patients with psychosis, this report now includes two measures regarding primary care utilization. These are: 1) the percentage of patients with psychoses who had at least one primary care stop during the fiscal year, and 2) the mean number of outpatient visit days that included a primary care stop, among patients who had some primary care. Since many preventive screenings are recommended annually for older people, with a populations whose average is 54 one would strive for close to a 100% incidence of an annual primary care stop. The CDC's "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 1997" found that 81% of adults see a doctor or other health care professional (although the type of care sought is not specified) in a year (Centers for Disease Control, 2002). This percentage jumps to 91% for people over 65. We would expect the NPR percentages to be in the same range or higher since they, unlike the CDC population, have already sought health care.

All utilization data were obtained from the nationwide VA Patient Treatment File (PTF) and Outpatient Care Files (OPC) located at the Austin Automation Center in Austin, Texas.

Findings

Inpatient Care:

- Admissions continue to decrease slightly, by 0.5% from FY00 to FY01 and 6% since FY99.
- From FY99 to FY01, total inpatient days decreased 23.8%, from 35.0 to 28.3 to 26.7.
- The percentage of patients with stays of over 100 days showed a smaller reduction (4.8% to 3.6% to 3.4%).

Inpatient Psychiatric Care:

- Psychiatric admissions continue to drop, though less sharply than before (-2.7% from FY00 to FY01, -20% since FY99).
- Total psychiatric inpatient days dropped 8.3% from FY00 to FY01 and 29.2% since FY99.
- The percentage of patients with stays of over 100 days continues to drop from 3.9% to 3% to 2.6%.

Inpatient Rehabilitation:

- Total days rose dramatically, 19.7% since last year and 32.9% overall.
- The percentage of patients with stays of over 100 days rose from 2.7% to 4% to 6%.

Inpatient Domiciliary Care:

- Total days has shown a steady decrease, 4.3% since last year and 9% overall.
- Percentage of patients with stays of over 100 days is still high but has declined to 29.4%.

Inpatient Nursing Home Care:

- There was a 10.2% increase in total days after 19% decrease in last year.

Outpatient Care:

- 73% of patients had a Primary Care stop in FY01.
- Total outpatient visits fell 4% from last year, after a 0.5% decrease the year before.
- Total outpatient stops decreased 9.8% since FY00 and 26.6% since FY99.
- Overall decrease in stops from FY99 to FY01:
 - medical stops, 33.6%
 - psychiatric stops, 17.5%
 - case management stops, 4.2%
 - day treatment stops, 18.8%
 - substance abuse stops, 8.9%
- There was substantial variability across VISNs observed for numerous measures:
 - percentage of patients with inpatient psychiatric care, from a high of 24.7 to a low of 12.8
 - percentage of patients with an inpatient psychiatric stay of over 150 days, from a high of 5.8 to a low of 0.0
 - cumulative days of inpatient psychiatric care, from a low of 7.35 to a high of 34.13
 - percentage of patients with at least one primary care stop, 79.9 to 58.5
 - average number of case management clinic stops, from a high of 4.4 to a low of .04
 - average number of overall clinic stops, which ranged from 29.2 to 58.7
- Overall, there was low use of case management with average of only 1.37 stops per patient.
- 18.7% of patients received inpatient psychiatric care. The mean average length of stay was 20.29 days.
- 9.1% of patients received residential rehabilitation, domiciliary/vocational or nursing home care.

Tables

For each group (Global, All Diagnoses by VISN, Schizophrenic by VISN, Bipolar by VISN and Other Diagnoses by VISN) the utilization tables are organized as follows. For exact stop codes and bed sections, see Appendix C.

1. Hospital based utilization, (based on the patient's bed section at discharge)
 - a. psych and non-psych- reported for those with some hospital based utilization
 - i. non-psych- reported for those with some hospital based utilization
 - ii. psych- reported for those with some hospital based utilization
2. Other 24 hour institutional care (based on the patient's bed section at discharge)
 - a. res rehab- reported for those with some res rehab
 - b. dom and voc- reported for those with some dom or voc
 - c. nursing home- reported for those with some nursing home
3. Outpatient care- all variables reported for those with some outpatient care
 - a. annual clinic stops
 - b. non-psych clinic stops
 - c. psych clinic stops
 - i. general psych clinic stops
 - ii. psych case management clinic stops
 - iii. psych day treatment clinic stops
 - iv. substance abuse clinic stops
 - v. psych vocational clinic stops
 - vi. PTSD clinic stops
 - vii. psych homeless clinic stops

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| Table 3A | FY01 Patients w/ Psychosis, Utilization, by Diagnosis Grouping | 71 |
| Table 3B | FY01 All Patients, Utilization, by VISN | 78 |
| Table 3C | FY01 Patients w/ Schizophrenia, Utilization, by VISN | 94 |
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| Table 3E | FY01 Patients w/ Other Psychoses, Utilization, by VISN | 126 |

